

State of California—Health and Welfare Agency
HAZARDOUS WASTE MANAGEMENT BRANCH
714-744 P Street
Sacramento, CA 95814

9/29/83
UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services

Please print or type with ELITE type (12 characters per inch)

STATE ID NUMBER

83376118

GENERATOR NAME AND MAILING ADDRESS

KEY MECHANICAL SERVICE
10905 Laurel Ave.
Santa Fe Springs, Ca. 90670

AREA CODE/PHONE NUMBER 944-0226

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

TRANSPORTER NO. 1

KEY MECHANICAL SERVICE

VEH/CONTAINER NO.

EPA ID NUMBER

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH/CONTAINER NO.

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

OMEGA CHEMICAL CORP.
12504 E. Whittier Blvd.
Whittier, CA. 90602

AREA CODE/PHONE NUMBER 698-0991

EPA ID NUMBER

CA DO 42245001

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA
NUMBER

TOTAL
QUANTITY

UNIT
WT/VOL

CONTAINER
NO. TYPE

WASTE
CAT. NO. METH.

Waste (R-11) None
trichlorofluoromethane

11111

11111

P

103 DM

211 01

COMPONENTS

CONC. RANGE
UPPER LOWER

UNITS
% PPM

Trichlorofluoromethane

90 80

X

Oil

10 5

X

Water

10 5

X

SPECIAL HANDLING INSTRUCTIONS

yield 448 lbs.

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

A. Lopez
Printed or typed full name and signature

MO. DAY YR.
9 29 83

☐ Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

A. Lopez
Printed or typed full name and signature

DATE
REC'D
&
ACCEPTED

MO. DAY YR.
09 29 83

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

DATE
REC'D
&
ACCEPTED

MO. DAY YR.

DISCREPANCY INDICATION SPACE

Facility owner or operator. Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSD must complete waste number. See instructions.

James D. Meane
Printed or typed full name and signature

EPA ID NUMBER

CA DO 42245001

DATE RECEIVED & ACCEPTED

MO. DAY YR.
09 29 83

FORM NO. DHS-8022A 11/82

TSD SENDS THIS COPY TO DOHS WITHIN 15 DAYS